



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
THIRD FLOOR
NASHVILLE, TN 37243-1159
(615) 741-1322 – (615) 741-1583 (Fax)

APPLICATION FOR WHOLESALER OF FIREWORKS PERMIT

(Pursuant to Title 68, Chapter 104, Tennessee Code Annotated)

PERMIT FEE: \$1,000.00

CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO THE DEPARTMENT OF COMMERCE AND INSURANCE

Please print or type: All questions must be answered before application will be processed. An incomplete application may result in non-issuance of permit.

Name of Firm _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone # () _____

Fax # () _____

Name of Owner _____ Date of Birth ____/____/____

Social Security # _____ Telephone # () _____

LOCATION OF BUSINESS

Address _____ Telephone # () _____

City _____ State _____ Zip _____ County _____

Have fireworks been sold at this location previously? Yes _____ No _____ If yes, how long? _____

Will fireworks be located at this location year round? Yes _____ No _____

Is there any other business conducted at this location? Yes _____ No _____ If yes, what kind of business? _____

Will there be gasoline, paints, oils, or other FLAMMABLE SUBSTANCES SOLD OR STORED that create an undue hazard to any person or property? Yes _____ No _____

Have you been convicted of violating the fireworks law of this state or any other jurisdiction? Yes_____ No_____

If yes, please explain:_____

List below the names, addresses, and permit numbers of all firms from which you purchase fireworks:

Name of Company

Address

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FIREWORKS LAWS FOR THE STATE OF TENNESSEE. I FURTHER CERTIFY THAT ALL ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE